

ENHANCED RECOVERY SOURCE REPORT - FORM 17A

INDUSTRIAL COMMISSION OF NORTH DAKOTA

OIL AND GAS DIVISION

600 EAST BOULEVARD DEPT 405

BISMARCK ND 58505-0840

SFN 18668 (01-2001)

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of

Amended

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

PLEASE SUBMIT THE ORIGINAL.

THIS REPORT SHALL BE ATTACHED TO A COMPLETED ENHANCED RECOVERY REPORT - FORM 17.

For Month/Year

Unit

Operator

Telephone Number

Injection Zone

SOURCE OF INJECTION FLUID

Well Name and Number	Well File Number	Location (Qtr-Qtr, S-T-R)	Monthly Production	
			Volume	Bbls or MCF

Comments

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1. This report shall accompany the Enhanced Recovery Report - Form 17 (SFN 18667) if there was any injection during the reporting month.
2. The unit, operator, well names and numbers, well file numbers, and location of the source wells shall coincide with the official records on file with the Commission.
3. All liquid volumes shall be reported as barrels (42 gallons) and rounded to the nearest full barrel. All gas volumes shall be reported as MCF corrected to 14.73 psia and 60 degrees F.
4. Monthly production shall be totaled at the end of the report.
5. If the source of injection fluid is not a particular well site, only the location need be listed.
6. If this is an amended report, the amended volumes shall be clearly indicated.
7. The original of this report shall be filed with the Industrial Commission of North Dakota, Oil and Gas Division, 600 East Boulevard, Dept. 405, Bismarck, ND 58505-0840, by the fifth day of the second succeeding month.